

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000091258

Entity Name: NORTH PORT TRUSTEE, INC.

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

51 SHERWOOD TERRACE  
LAKE BLUFF, IL 60044

## **New Principal Place of Business:**

51 SHERWOOD TERRACE, SUITE S  
LAKE BLUFF, IL 60044

## **Current Mailing Address:**

51 SHERWOOD TERRACE  
LAKE BLUFF, IL 60044

## **New Mailing Address:**

51 SHERWOOD TERRACE, SUITE S  
LAKE BLUFF, IL 60044

FEI Number: 45-3666385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## **Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: POLLACK, GERALD I  
Address: 51 SHERWOOD TERRACE SUITE S  
City-St-Zip: LAKE BLUFF, IL 60044

Title: V  
Name: SCHMIDT, THEODORE J  
Address: 9S175 DREW AVE  
City-St-Zip: BURR RIDGE, IL 60527

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GERALD L. POLLACK

P

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date